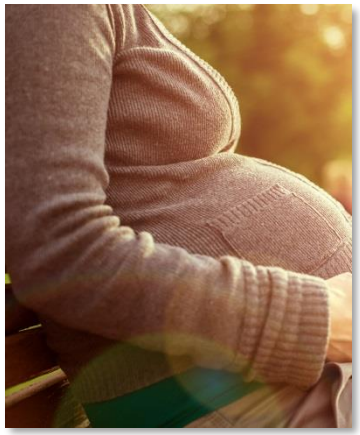


MEDICAID MEMBER ADVISORY COMMITTEE

ORIENTATION

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Purpose of the Committee

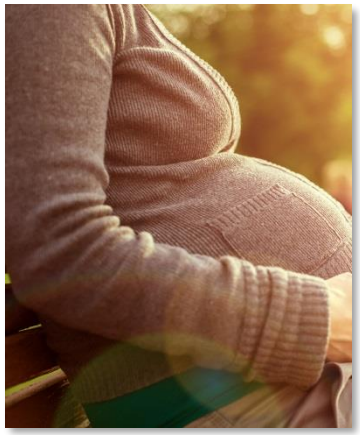
The purpose of the committee is to bring together Medicaid members to share their Medicaid experiences, observations, and recommendations with the Department. We are certain that you will provide valuable insight on how the Department can better serve you and others.

Purpose of the Committee

Each committee member is encouraged to participate in the discussions and work of the committee and to offer recommendations for consideration by the DMAS Director and the State Board to the Department of Medical Assistance Services.

Purpose of the Committee

In order to contribute to the Department's goal of improving its services, a member does not need to be an expert on Medicaid. The only requirements are to have a willingness to share your Medicaid observations and to offer suggestions on how the Department can improve its work of serving its members.



OVERVIEW OF VIRGINIA MEDICAID

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

DMAS Mission Statement

To improve the health and well-being of Virginians through access to high quality health care coverage.

DMAS Values

Service	We are committed to serving all who are touched by our system with caring, integrity, and respect.
Collaboration	We value professional, respectful cooperation to achieve a common goal. We recognize diverse perspectives where everyone's input is welcome.
Trust	We are continuously building a culture that is honest, supportive, and fosters integrity.
Adaptability	We work together to anticipate and embrace change to meet Virginia's health care needs.
Problem Solving	We promote problem-solving processes and respond to challenges with a forward-thinking approach. We readily meet opportunities to improve and value processes that welcome many perspectives.

Medicaid is health insurance for low-income individuals

Children

Pregnant Women

Older Adults

Individuals with Disabilities

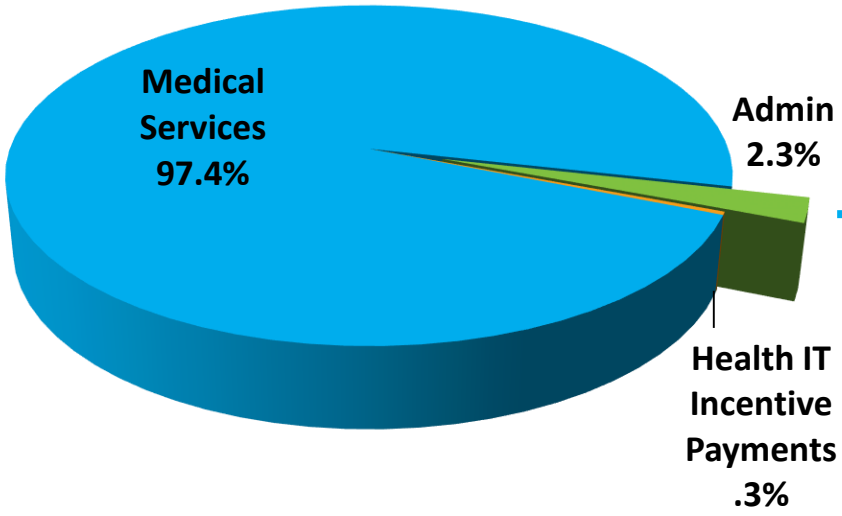
Income Eligible Adults

Medicaid plays a critical role in the lives of over 1.3 million Virginians

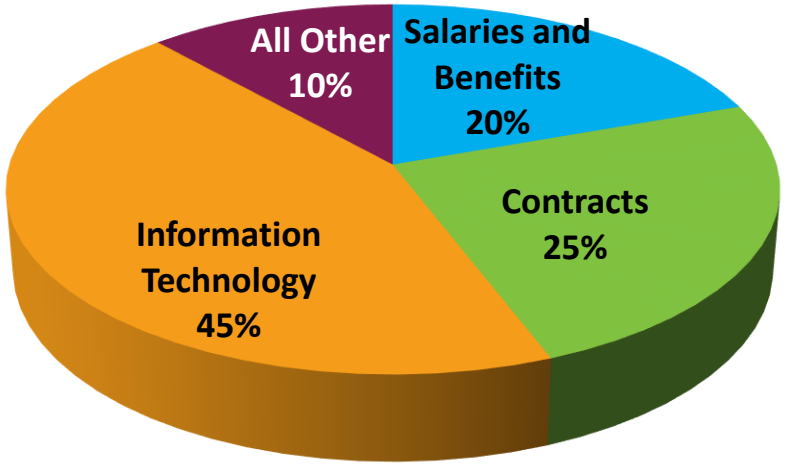
Medicaid Budget

Only 2.3% of the total DMAS budget is for administrative expenses

Total FY18 Budget



Administrative Budget Breakdown



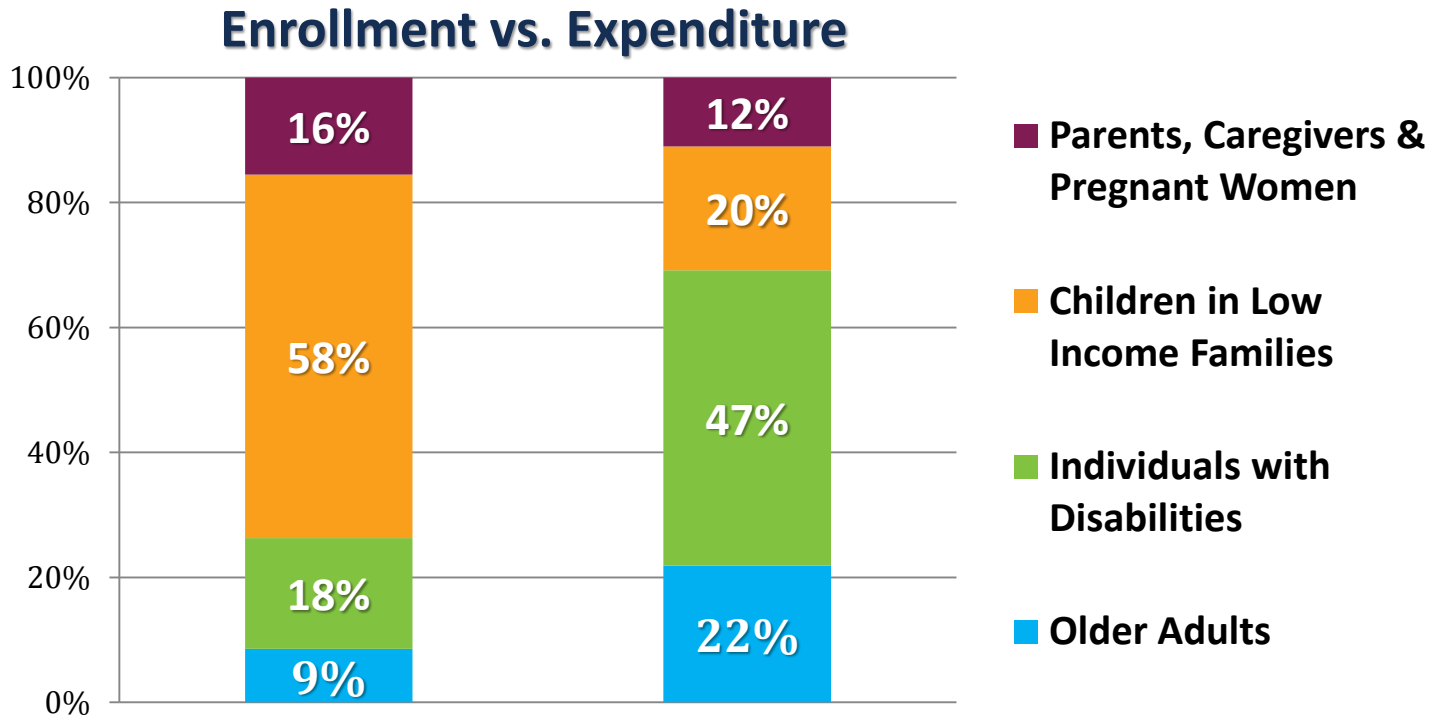
97.4% of the DMAS budget funds medical expenses

70% of administrative funds are for IT and Contract expenses

*Note: Health IT Incentive Payments are funded by 100% federal funds.

Virginia Medicaid

Services for Individuals with Disabilities and Older Adults Drive Medicaid Spending



27% of the Medicaid population

Drives

69% of total expenditures

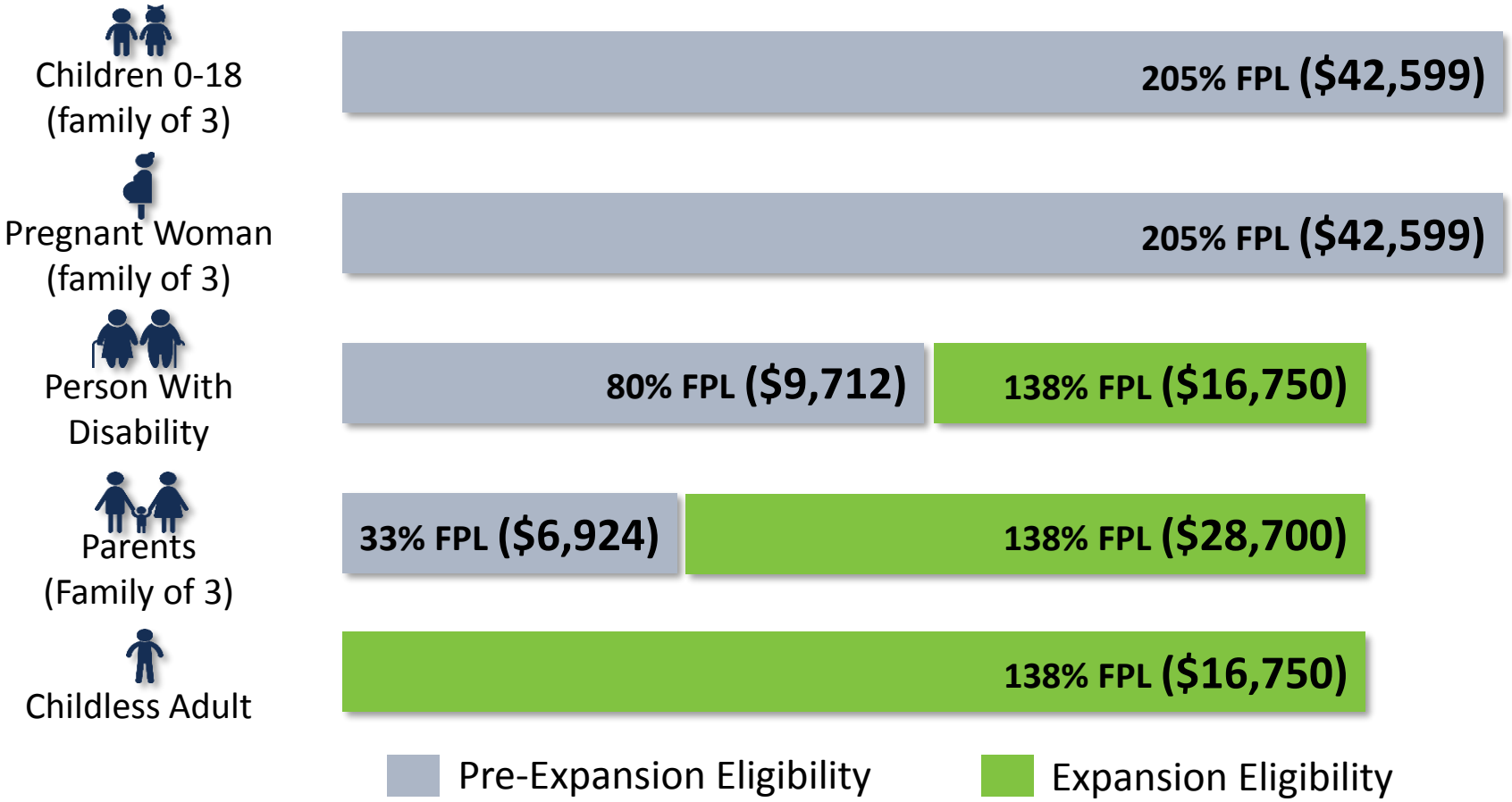
Medicaid Expansion

Beginning January 1, 2019, more adults in Virginia gained access to quality, low-cost health insurance. Hundreds of thousands of Virginians will be able to get the health care they need so they don't have to worry about medical expenses.

What Changed Under Medicaid Expansion?

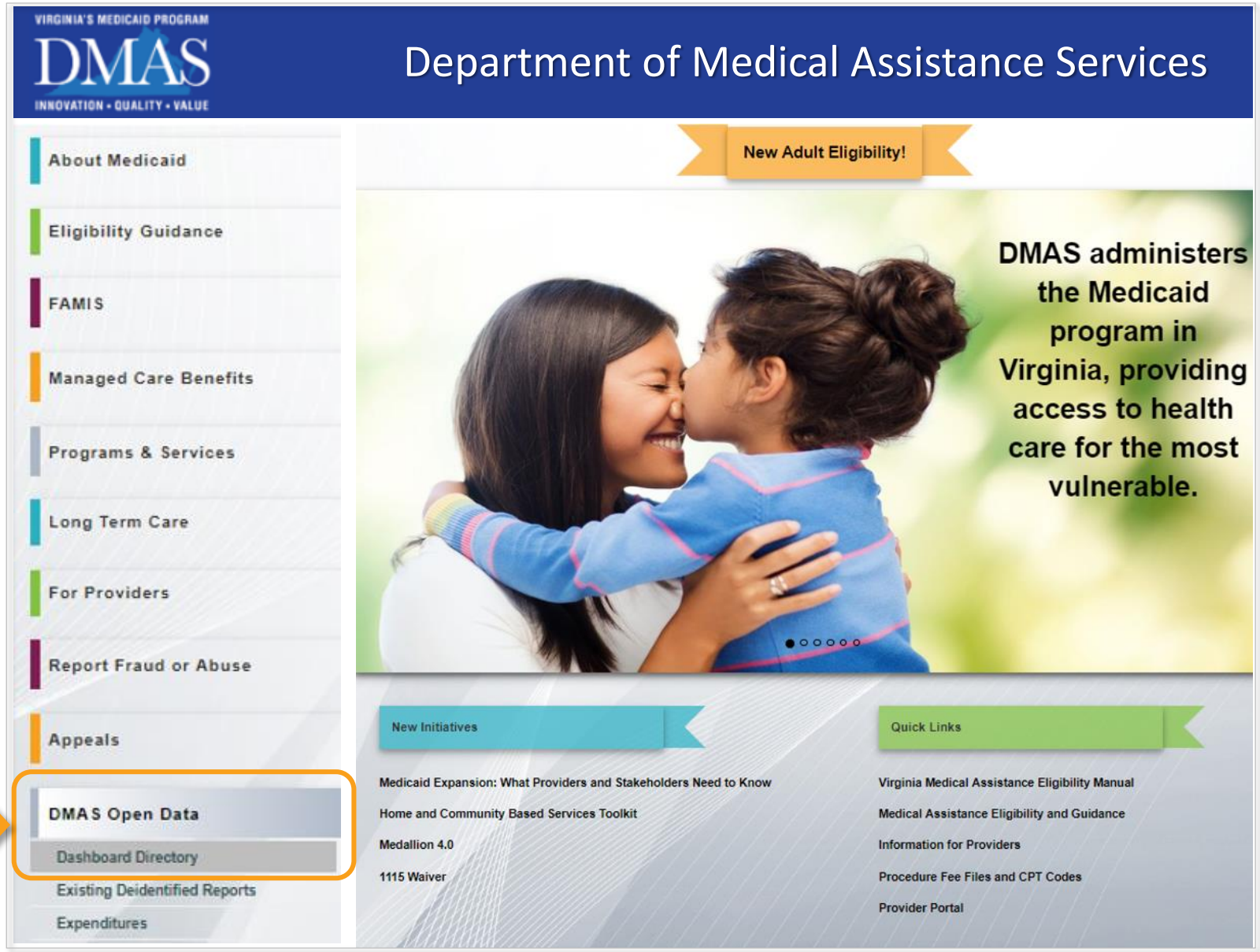
Virginia's Medicaid eligibility rules changed on January 1, 2019. The new rules provide quality, low- and no-cost health care coverage to close to 400,000 low-income adults.

- **Adults ages 19 – 64, not Medicare eligible**
- **Income from 0% to 138% Federal Poverty Level**



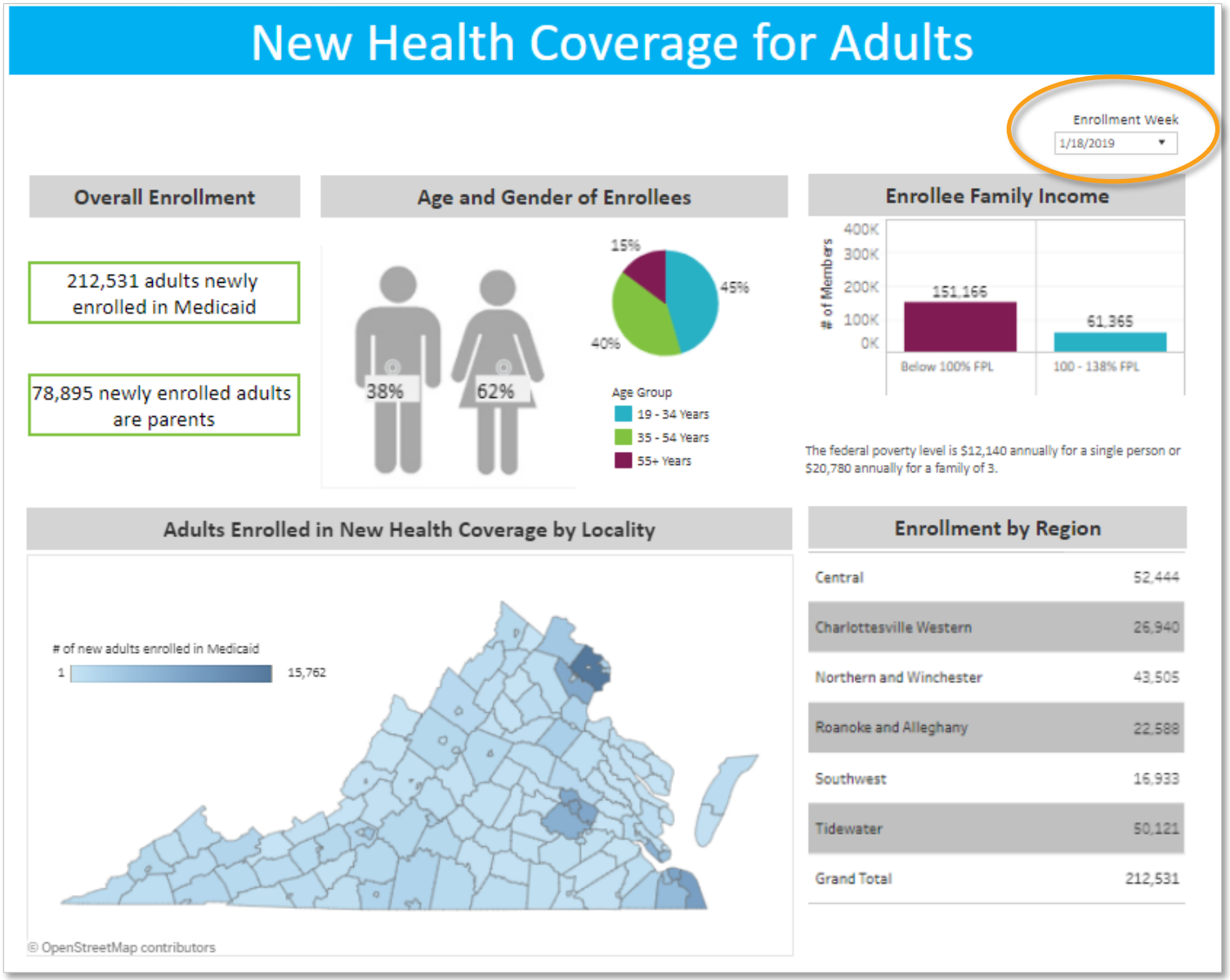
** Percent income may vary by locality*

DMAS Website: www.dmas.virginia.gov



Medicaid Expansion Enrollment Dashboard

www.dmas.virginia.gov



Overview of Medicaid Expansion Requirements

The 2018 Appropriations Act directed DMAS to implement new coverage for adults and transform coverage

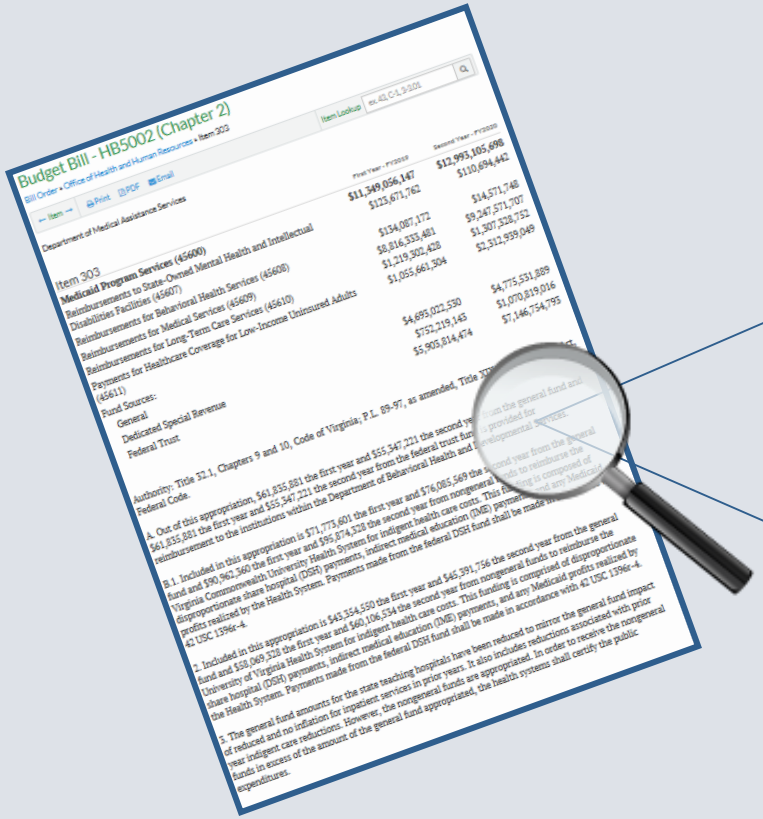
State Plan Amendments, contracts, or other policy changes

Implement new coverage for adults with incomes up to 138% FPL and implement early reforms for newly eligible individuals

§ 1115 Demonstration Waiver

Implement required reforms that transform the Medicaid program for certain individuals

State Law Requires Waiver Changes



- **Work and Community Engagement**
- **Premiums, Co-Payments, Health and Wellness Accounts**
- **Housing and Employment Supports Benefit**

Source: 2018 Virginia Acts of Assembly Chapter 2

Funding Medicaid Coverage

State Appropriates General Funds

State Receives Federal Match Funds
(50% Match Rate – Traditional Groups)
(90% Match – New Adult Group)

DMAS Pays for Member Health Care Services

4% of Medicaid Members

Fee-For-Service (FFS):
providers paid directly

96% of Medicaid Members

Managed Care:
Health plan coordinates care and contracts with providers to deliver services

Managed Care Programs

96% of Medicaid members now in managed care

	Commonwealth Coordinated Care Plus (CCC Plus)	Medallion 4.0
Covered Groups	▪ Serving older adults, disabled children, and disabled adults ▪ Medicaid-Medicare eligible (dual eligible)	▪ Serving infants, children, pregnant women, and caretaker adults
Covered Benefits	▪ Long-term services and supports in the community and facility-based, acute care, pharmacy ▪ Includes addiction and recovery treatment and community mental health	▪ Births, vaccinations, well visits, sick visits, acute care, pharmacy ▪ Includes addiction and recovery treatment and community mental health

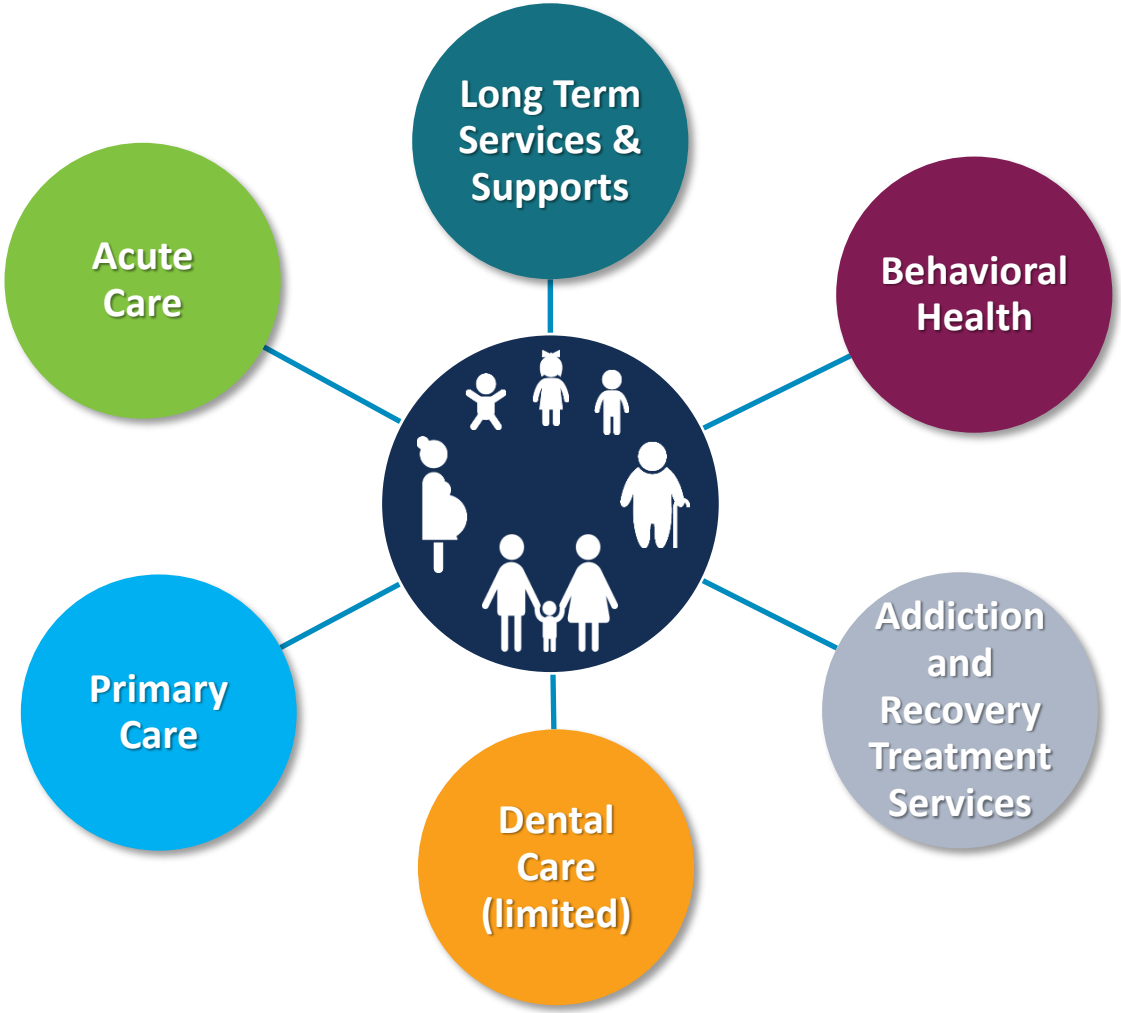
6 Health Plans Contracted Statewide

1. Aetna Better Health of Virginia
2. Anthem HealthKeepers Plus
3. Magellan Complete Care of Virginia
4. Optima Health
5. United Healthcare
6. Virginia Premier Health Plan

CCC Plus and Medallion 4.0 members are served by the same six health plans

Benefits: Covered Services

Medicaid covers a wide variety of services, which may include:



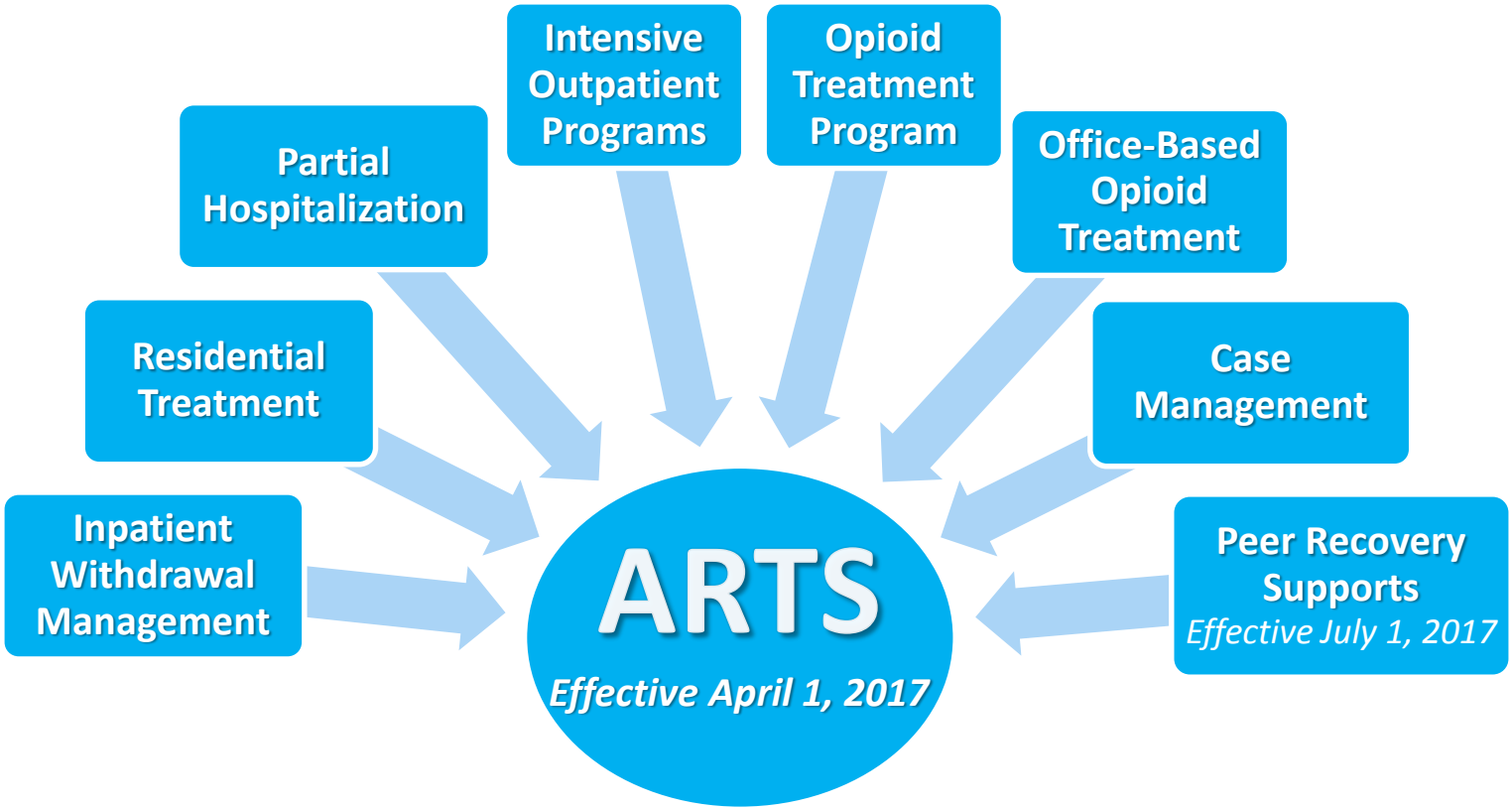
Benefits: Covered Services for Newly Eligible Adults

Newly eligible adult enrollees will receive coverage for all Medicaid covered services including evidence-based, preventive services

- Doctor, hospital and emergency services, including primary and specialty care
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Home health services
- Behavioral health services, including Addiction & Recovery Treatment Services (ARTS)
- Rehabilitative services, including physical, occupational and speech therapies
- Family planning services
- Medical equipment and supplies
- Preventive and wellness services, including annual wellness exams, immunizations, smoking cessation and nutritional counseling
- Managed Care Organization case management/care coordination services
- Transportation to Medicaid-covered services when no alternatives are available
- And more

Addiction and Recovery Treatment Services (ARTS)

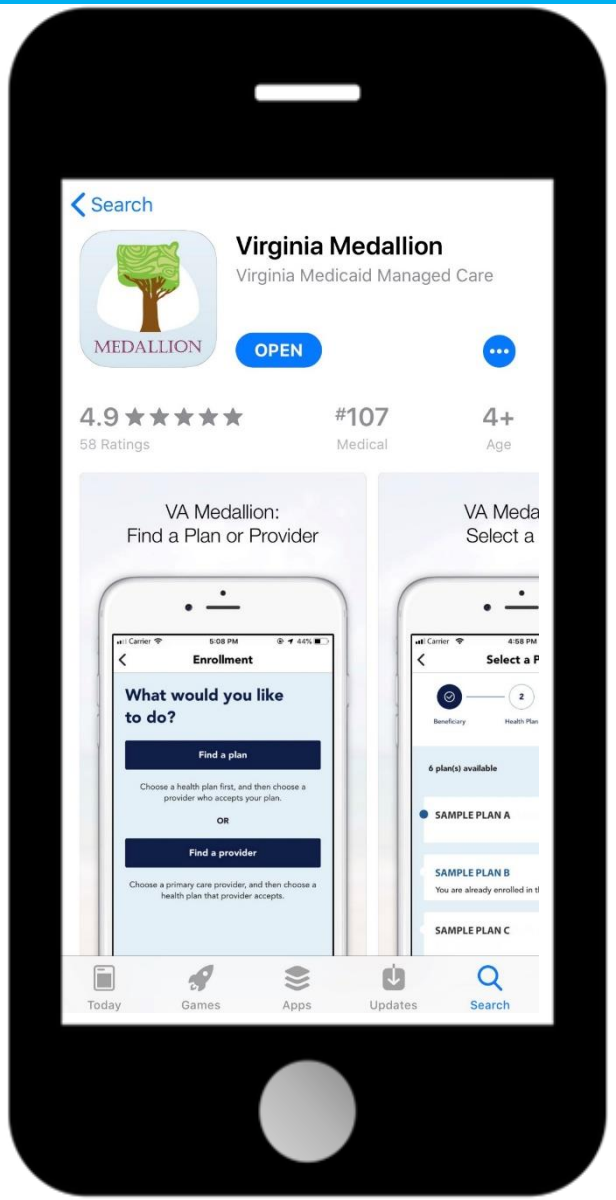
- All ARTS services are covered by Managed Care plans
- Magellan continues to cover community-based substance use disorder treatment services for Fee-for-Service members



ARTS offers a fully integrated physical and behavioral health continuum of care

New Medallion 4.0 Mobile Application

Available on Apple and Android Devices



MEDICAID WAIVERS

Common Waiver Types

Federal authority for Medicaid is established under Title XIX of the Social Security Act

The most common waiver types include:

- ✓ ***1915(b) Managed Care Waivers:***
  - To implement mandatory managed care programs.
- ✓ ***1915(c) Home and Community-Based Care Waivers:***
  - To provide additional services that are not typically covered by Medicaid if those services will help an individual remain in the community rather than be placed in an institution, such as a nursing home.
- ✓ ***Combined 1915(b) and (c) Waivers:***
  - To provide long-term services in a managed care setting or through a limited pool of service providers.
- ✓ ***1115 Demonstration Waivers:***
  - To try new health care delivery approaches or payment methods or to otherwise improve patient care in a cost-effective way.

Waivers give States flexibility to implement new programs and provide additional services that may not normally be available under the traditional Medicaid program

Home and Community-Based Services Waivers

Medicaid Home and Community-Based Services Waivers (HCBS) are §1915(c) Waivers that offer individuals who require assistance with activities of daily living and/or supportive services the opportunity to receive care in the community rather than in a facility setting

Home and Community-Based Services Waivers

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Waiver	Features
Alzheimer's Assisted Living Waiver	Provides assistance with activities of daily living, housekeeping, and supervision; medication administration; nursing evaluations and weekly activity program based on needs and interests.
Community Living Waiver	Provides 24/7 services and supports for adults and some children with exceptional medical and/or behavioral support needs. This includes residential supports and a full array of medical, behavioral, and non-medical supports.
Family and Individual Supports Waiver	Provides supports for children and adults living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs.
Building Independence Waiver	Provides supports for adults able to live independently in the community with housing subsidies and/or other types of support. The supports available in this waiver will be periodic or provided on a regular basis as needed.
Commonwealth Coordinated Care Plus Waiver	Provides care in the community rather than in a nursing facility (NF) or other specialized care medical facility. This Waiver combines the formerly known waivers titled: the Elderly or Disabled with Consumer Direction (EDCD) Waiver and the Technology Assisted (TECH) Waiver.

Applying for Medicaid

An application for medical assistance is an application for Medicaid, Family Access to Medical Insurance Security (FAMIS), and FAMIS MOMS programs

A person applying for Medicaid may apply:

- On-line
  - https://www.dss.virginia.gov/community/commonhelp
  - https://www.coverva.org/
  - The Marketplace (healthcare.gov)
- In person at their local Department of Social Services or community based organization set up to assist applicants
- By phone
- By mail

COVER VIRGINIA
Connecting Virginians to Affordable Health Insurance

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Appeals of Medicaid Actions

DMAS regulations allow for appeals by both clients and providers.

Client appeals:

- **Appeals of:**
  - **Denials of eligibility**
  - **Denials of medical services**
  - **Financial recovery actions (fraud or receipt of services when not eligible under policy rules)**
- **One level of appeal with DMAS**

Provider appeals

- **Appeals of:**
  - **Denials of service authorization**
  - **Denials of payment**
  - **Denials or termination of enrollment as a Medicaid provider**
  - **Audit actions**
- **Two levels of appeal with DMAS**

After exhausting DMAS appeal process, both providers and clients can appeal to court

Coordination by Agencies

Multiple State and federal agencies play a role in Medicaid

Agency	Role
CMS	The unit of the Federal Department of Health and Human Services that administers the Medicare and Medicaid programs. Reviews Virginia's State Plan for Medical Assistance and any Waiver applications.
DMAS	State Agency responsible for the administration of Virginia's Medicaid and Children's Health Insurance programs.
DSS	Performs eligibility determinations for Medicaid and other programs.
DBHDS	The state agency that conducts many of the day-to-day functions of Developmental Disability Waiver operations and oversight.
VDH	Performs long-term care pre-admission screenings.

Medicaid or Medicare?

Medicaid and Medicare are two different programs. Here are some key facts:

- Both are health care programs.
- Medicare is operated entirely by the federal government, whereas Medicaid is a operated by the State government, with funding and approval through the federal government.
- Medicare is mostly aged-based, while Medicaid is mostly income-based. Both programs cover individuals who have a disability.
- An individual can qualify for both Medicaid and Medicare – they are referred to as "dual eligible."
    - If eligible, the Medicaid program may pay for the individual's Medicare premiums, deductibles, and copayments.
    - Medicaid is always the "payer of last resort" – meaning that if a service is covered under both Medicare and Medicaid, the payment will be made by Medicare.
- Medicaid covers long-term nursing facility care, whereas Medicare typically will not.

Authority Governing Medicaid Program

Medicaid is governed by both federal and state authorities

- **Federal Authority:**
  - United States Code (law passed by U.S. Congress)
  - Code of Federal Regulations (regulatory actions initiated by federal agencies)
- **State Authority:**
  - Virginia Code (law passed by Virginia General Assembly)
  - Virginia Administrative Code (regulatory actions initiated by DMAS or other state agencies)
  - Guidance Documents (Manuals and Medicaid Memos)

DMAS Website

The DMAS website is a helpful resource to get information about our Agency

www.dmas.virginia.gov